

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification:: 220/505
Suggested Group Art Unit::
CD-ROM or CD-R? None
Title:: Pail Assembly for Two Materials

Attorney Docket Number:: MAPEI 00002
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Donald
Middle Name::
Family Name:: House
City of Residence:: Coral Springs
State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: _____

City of mailing address:: _____

State or Province of mailing address:: FL

Postal or Zip Code of mailing address:: _____

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Tracy
Middle Name::
Family Name:: Oliver
City of Residence:: Boynton Beach
State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: _____

City of mailing address:: _____

State or Province of mailing address:: FL

Postal or Zip Code of mailing address:: _____

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Lou
Middle Name::
Family Name:: Bender
City of Residence:: Deerfield Beach
State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: _____

City of mailing address:: _____
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: _____

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Steve
Middle Name::
Family Name:: Daniels
City of Residence:: Pembroke Pines
State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: _____

City of mailing address:: _____
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: _____

Correspondence Information

Name:: Decker, Hallman, Barber & Briggs
Street of mailing address:: 260 Peachtree Street, N.W.
City of mailing address:: Atlanta
State or Province of mailing address:: GA
Postal or Zip Code of mailing address:: 30003
Telephone:: (404) 522-1500
Fax:: (404) 577-9149

Representative Information

Representative Designation::	Registration number::	Name::
Primary	28197	Eduardo M. Carreras, Esq.

Assignee Information

Assignee name:: MAPEI Corporation
Street of mailing address:: 1144 East Newport Drive
City of mailing address:: Deerfield Beach
State or Province of mailing address:: FL
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 33442